

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28103

FILED
Apr 16, 2009
Secretary of State

Entity Name: KINGS LAKE HOMEOWNERS' ASSOCIATION OF ESCAMBIA COUNTY, FLORIDA #2, INC.

Current Principal Place of Business:

1431 KINGSLAKE DR
CANTONMENT, FL 32533 US

New Principal Place of Business:

1465 KINGSLAKE DR
CANTONMENT, FL 32533 US

Current Mailing Address:

PO BOX 476
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-3042735 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEVERSON, JACK
1420 KINGSLAKE DR
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

CRAFT, ALECIA
1465 KINGSLAKE DR
CANTONMENT, FL 32533 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALECIA K. CRAFT

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, TERRY
Address: 1431 KINGSLAKE DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: MARCILLIAT, CHERYL
Address: 401 LAKE CIR DR
City-St-Zip: CANTONMENT, FL 32533

Title: ST () Delete
Name: SEVERSON, JACK
Address: 1420 KINGSLAKE DR
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULTON, LAURIE
Address: 1430 KINGSLAKE DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: EAST, MICHAEL
Address: 1475 KINGSLAKE DR
City-St-Zip: CANTONMENT, FL 32533

Title: ST (X) Change () Addition
Name: CRAFT, ALECIA
Address: 1465 KINGSLAKE DR
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALECIA K. CRAFT

ST

04/16/2009

Electronic Signature of Signing Officer or Director

Date